

Submit form to:
Kansas Secretary of State
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Topeka, KS 66612-1594
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www.sos.ks.gov

KANSAS SECRETARY OF STATE
Tobacco Product Manufacturer Appointment of Agent for
Service of Process

TSA
51-26

All information must be completed and the required fee submitted or this document will not be accepted for filing.

Do not write in this space

1. _____ hereby appoints
Name of manufacturer

_____ upon whom process may
Name of service agent — must be a Kansas resident
be served. I consent without limitation or exception that service of process may
be issued out of any court upon this service agent.

2. The address of the service agent in Kansas (must be a street address; a post office box is unacceptable):

_____ KS _____
Street address City State Zip

3. If the manufacturer is an entity, state or country of formation: _____

4. The manufacturer's mailing address is:

_____ City State Country Zip
Street address

5. The physical location of the appointing authority's manufacturing plant:

_____ City State Country Zip
Street address

6. Manufacturer's phone no.: _____ 7. Manufacturer's e-mail address: _____

8. Manufacturer's Web site: _____

I certify under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.

Executed this _____ day of _____, 20_____.

Printed name of authorized officer

Signature of authorized officer

Title (please print)

1. Please submit this form with the \$35 filing fee. There is a \$25 service fee for all checks returned by your financial institution.
2. This appointment expires three years from date of filing.